

Name in Full

Certificate of Death

Mary Francis Birch

Town

County

MARYLAND

Died at

Spencerville Mortuary

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 20

Age

11

ma

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Thomas Birch

Mother's

Maiden Name

Martha Jones

Cause of

Primary

abcess on lung

How long sick

Death

Immediate

2 months

Accident, Suicide, Homicide

Reported by

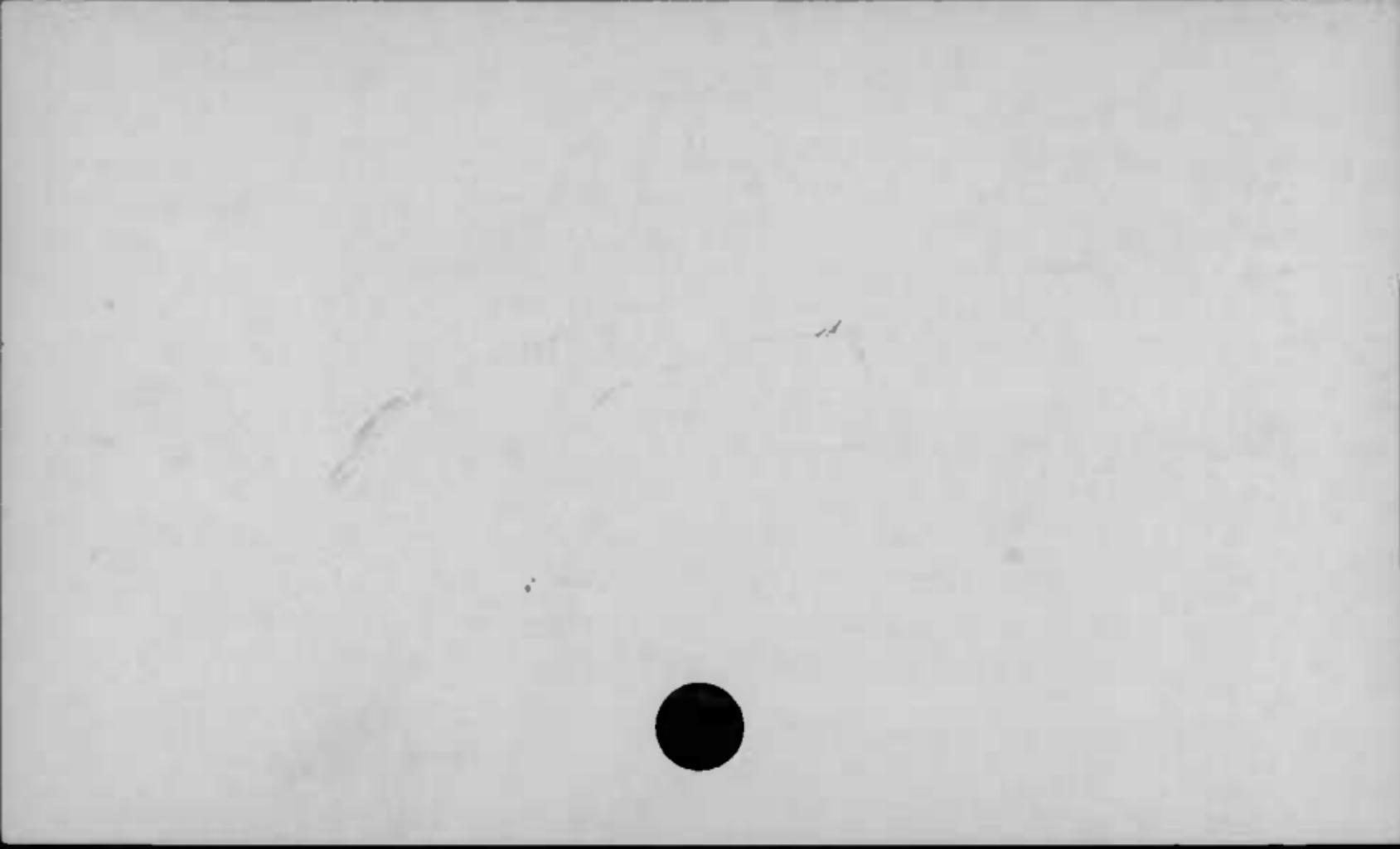
J. R. Burton

99

Address

Spencerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Annie S Boswell

Town

County

MARYLAND

Died at Spencerville

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Aug 15

Male

Female

White

Colored

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

John Boswell

Mother's

Maiden Name

Alice Proctor

How long sick

1 day

Accident, Suicide, Homicide

Cause of

Primary

Gonorrhoea

Death

Immediate

71

Reported by

J R Batson

Address

Spencerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Case

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1902	Month	Day	Years	Months	Days		
Female		Color or Race	White		Birth-place		
Married, Single or Widowed		Occupation					
Name of Wife or Husband		Geo. H. Case					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sudden Lennshage	How long
Immediate	Apoplexy	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		W. J. Pratt Potomac Md



Name in Full

Elizabeth Chum

Certificate of Death

Died at	Town <u>Edison</u>	County <u>Montgomery</u>	Occupation <u>MARYLAND</u>		
Date 1902	Month Aug 10	Y. 13	M. 11	D.	Native of <u>Maryland</u>
Male	White	Married	Widow	Divorced	Number of children living <u>one</u>
Female	Colored	Single	Widower		
Husband of	—				
Wife					
Father's Name	William Chum	Mother's Maiden Name <u>Minnie Brown</u>			
Cause of Death	Primary <u>Lacunations during Labor</u>	How long sick <u>six days</u>			
Death	Immediate <u>Septicemia</u>				Accident, Suicide, Homicide <u>135.</u>
Reported by	<u>V. T. & D. S.</u>				

Address

Laytonville  Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Geo Raymond Cornwell

Town

County

MARYLAND

Died at

*Kensington**Maryland*

Date

1912

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age
~~11~~

302

De.

FatherCitizen

Single

Widow

Divorced

Widower

Number of children living

Husband of —

Father's Name

A.C. Cornwell

Mother's Name

Alice Reed

Cause of Death

Primary

Whooping Cough & Pneumonia

How long sick

7 weeks

Immediate

Acute Nephritis~~Accident, Suicide, Homicide~~

Reported by

*W.L. Lewis M.D.**Kensington MD*

Address



Name
in
Full

Caroline Ferris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1902	Month 8	Day 9	Years 84	Months 9	Days 8	
Sex Female	Color or Race White	Occupation		New York		
Married Single or Widowed Widow			Housewife			
Name of Wife of Orsamus Ferris						
Husband John McPherson					Father's Birthplace ?	
Father's Name					Mother's Birthplace ?	
Mother's Maiden Name Eunice Chadwick					How related to deceased Daughter	
Name of person giving information Eliza M. Bowen						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

b6

How long

5 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

Bess F Lansdale
Damascus Md.

Accident or Suicide?

0170113125

Died at

George
Town
Whetton

Garder
County
Montgomery Co

MARYLAND

Date 189

Month Day

Y. M. D.

Native of

Occupation

*Nov Aug. 28**32**Na Cantas.*

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Sylvie Garter

Mother's Name

Eli Garter *Elizabeth Garter*

How long sick

Tuberculosis of Lung

Accident, Suicide, Homicide

"*Aug 27*" " "
Engelbrecht M.D.
Kearny NJ
MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Grady

Town

County

Died at

Burtonsville Mont

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Aug 7

Age 60

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of John Grady

Wife

Mother's

Father's

Name for Pearl

Maiden Name

Cause of

Primary

Typhoid fever

How long sick

5 weeks

Death

Immediate

Anorexia

Accident, Suicide, Homicide

Reported by

J. R. Barton

Address

Burtonsville

Must be signed by physician, if any in attendance, otherwise by subscriber, undertaker or minister.



Bernice Graham

Town

Martinsburg

County

Montgomery

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Augt

6

51

Md

Male

Female

White

Colored

Aga

Married
Single

Widow

Widower

Divorced

Number of children living

Husband
of

Wife

Father's

Name

Isaac Graham

Mother's
Maiden Name

Kate Peters

Cause of

Primary

Cholera Infantum

105

How long sick

Death

Immediate

2 days

Accident, Suicide, Homicide

Reported by

William Storid

Address

Martinsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm. Graham

Town

County

MARYLAND

Died at

Westisbury Montg.

Month

Dey

Y.

M.

D.

Date 19

02

aug 27

Age

45

Native of

Md

Occupation

3

Female

Colored

Married

Widow

Divorced

Number of children living

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

J. Spoor

Address

Porterville

Nancy Jones

Mother's
Maiden Name

How long sick

18 months

Accident, Suicide, Homicide

27

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Josiah Hazard
Town ^{COUNTY} MARYLAND
Died at Takoma Park Montgomery

Date 1902 Aug 3 Age 75-2-24 Ya none
Male White Married Widower Divorced
Female Colored Single Widower Number of children living 5

Husband of *Mosie Sarah J. Hazard*
Wife
Father's
Name Mother's
Maiden Name

Name _____ Maiden Name _____

Cause of Death Primary Cerebral Hemorrhage 4 yrs
 Immediate General debility Accident, Suicide, Homicide

Reported by John J. Gaskins

Address: 1000 10th Street, Suite 1000, Denver, CO 80203

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Grier

Frank Grier Sons

Rachel Casauder Hodge

^{Town}
Olney

^{County}

Marygomery

MARYLAND

Died at

Date 1802

Month 8

Day 5

Y.

M.

D.

Native of

Occupation

Maryg Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

X

X

X

Wife
Name

John E. Hodge

Mother's
Name

Minnie Hodge

Cause of

Primary

Overload

How long sick

Death

Immediate

Suffocation

166

Accident, Suicide, Homicide

Reported by

John Hodge (Parent) for W.O.

Address

Olney [Redacted] Maryland



Grace Rebecca Hopkins

Died at Town County MARYLAND
Near Sandy Spring Montgomery

Date 189	Month 1902	Day Aug. 11	Y. -	M. -	D. -	Native of Montg Co.	Occupation
			Age -	8			
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	

Husband of — — —

Wife

Father's Name Francisco Hopkins Mother's Name Anne Hopkins

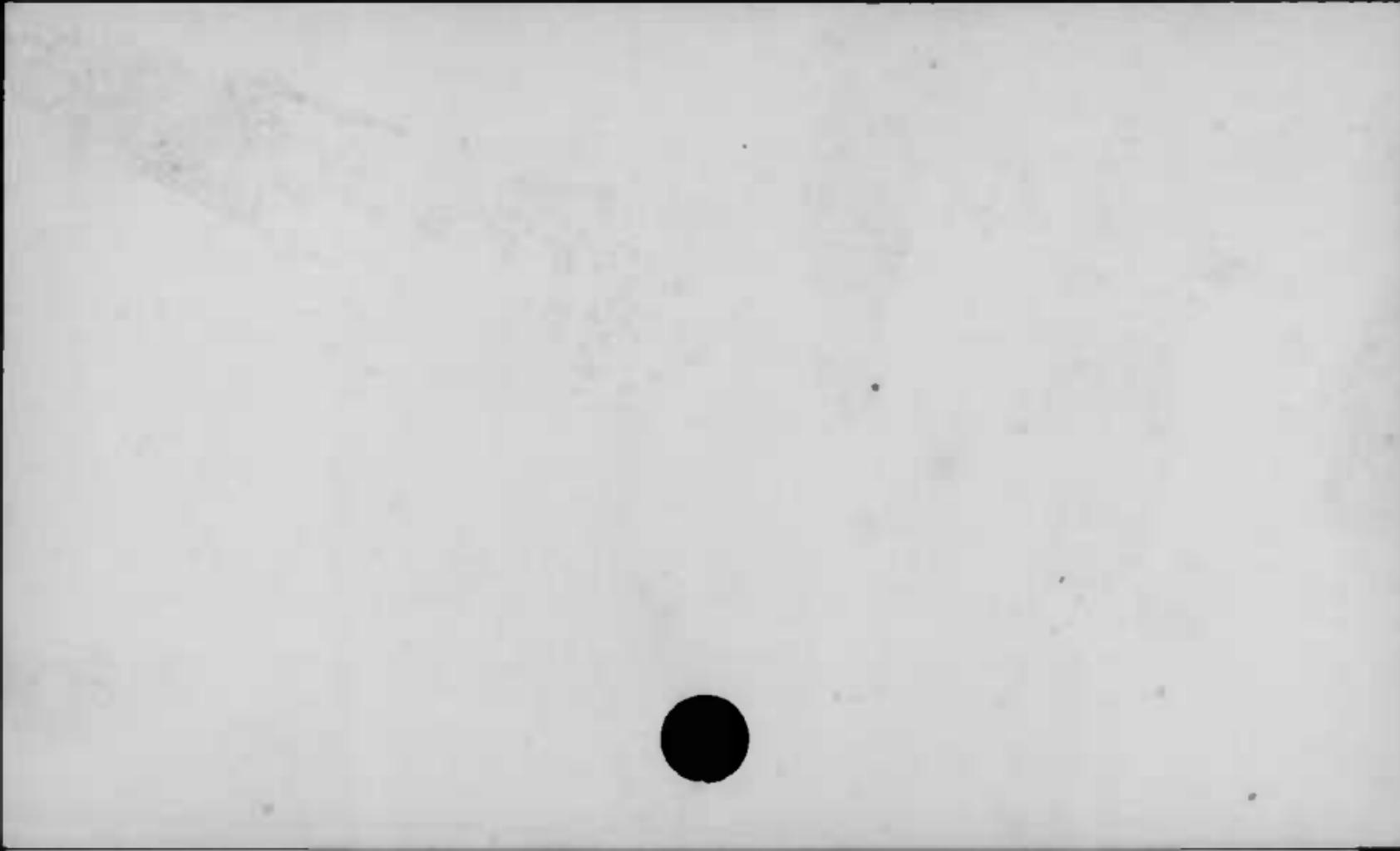
Cause of Death Primary Diarrhoea 00 How long sick about 16 days

Death Immediate Cholera infantum Accident, Suicide, Homicide

Reported by Dr. W. F. Green

Address

73 Rockville, Md.



Name
in
Full

Mary Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Burnt Mills	County	MARYLAND		
Date of death 1902	Month Aug	Day 5	Year 72	Months	Days
Sex Female	Color or Race White	Birth-place Md			
Married, Single or Widowed	Occupation Housewife				
Name of Wife or Husband					
Father's Name	Charlie Brookard		Father's Birthplace	Md	
Mother's Maiden Name	Mary Lyddane		Mother's Birthplace		
Name of person giving Information	Chas. Hopkins		How related to deceased	Son	

CAUSES OF DEATH

Primary	Tuberculosis of bowel		How long	7 months
Immediate	Diarrhoea		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H J Brown	
		Address	Burnt Mills Md.	
Accident or Suicide?				



Charlotte A. G. Hart

Town

County

Died at

Burtonsville Maryland

MARYLAND

Month

Dey

Y.

M.

D.

Native of

Date 1902

Aug 24

Age 60

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

James A. G. Hart

Mother's

Maiden Name

Primary

Osgood's Tumor

How long sick

Immediate

Expansion

4 weeks

Ossification

Accident, Suicide, Homicide

14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Seliah Susannah Lamb

Died at	Town	County	MARYLAND		
Date 1902	Month 8 Male	Day 7 Female	Y. M. D. Age - 8 10	Native of Widow	Occupation Divorced
	White	Colored	Married	Widower	Number of children living
Husband of					
Wife					
Father's Name	Daniel S. Lamb		Mother's Maiden Name	Isabel Haslub	
Cause of Death	Primary Immediate		Chronic Cough & Meningitis		How long sick 2 weeks
					Accident, Suicide, Homicide

Reported by

A.S. Lamb M.D.

Address

808 10th. nw. Washington D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

?



Levi Seigear

Died at Olivey Town Maryland County MARYLAND

Date <u>1902</u>	Month <u>8</u>	Day <u>- 18</u>	Age <u>72</u>	Y. <u>—</u>	M. <u>—</u>	D. <u>—</u>	Native of <u>Maryland</u>	Occupation <u>Farmer</u>
Male	White		Married	Widow	<u>Divorced</u>			
Female	Colored		Single	Widower				Number of children living <u>7</u>

Husband of Deborah Seigear

Father's Name Richard Seigear Mother's Name Harriet

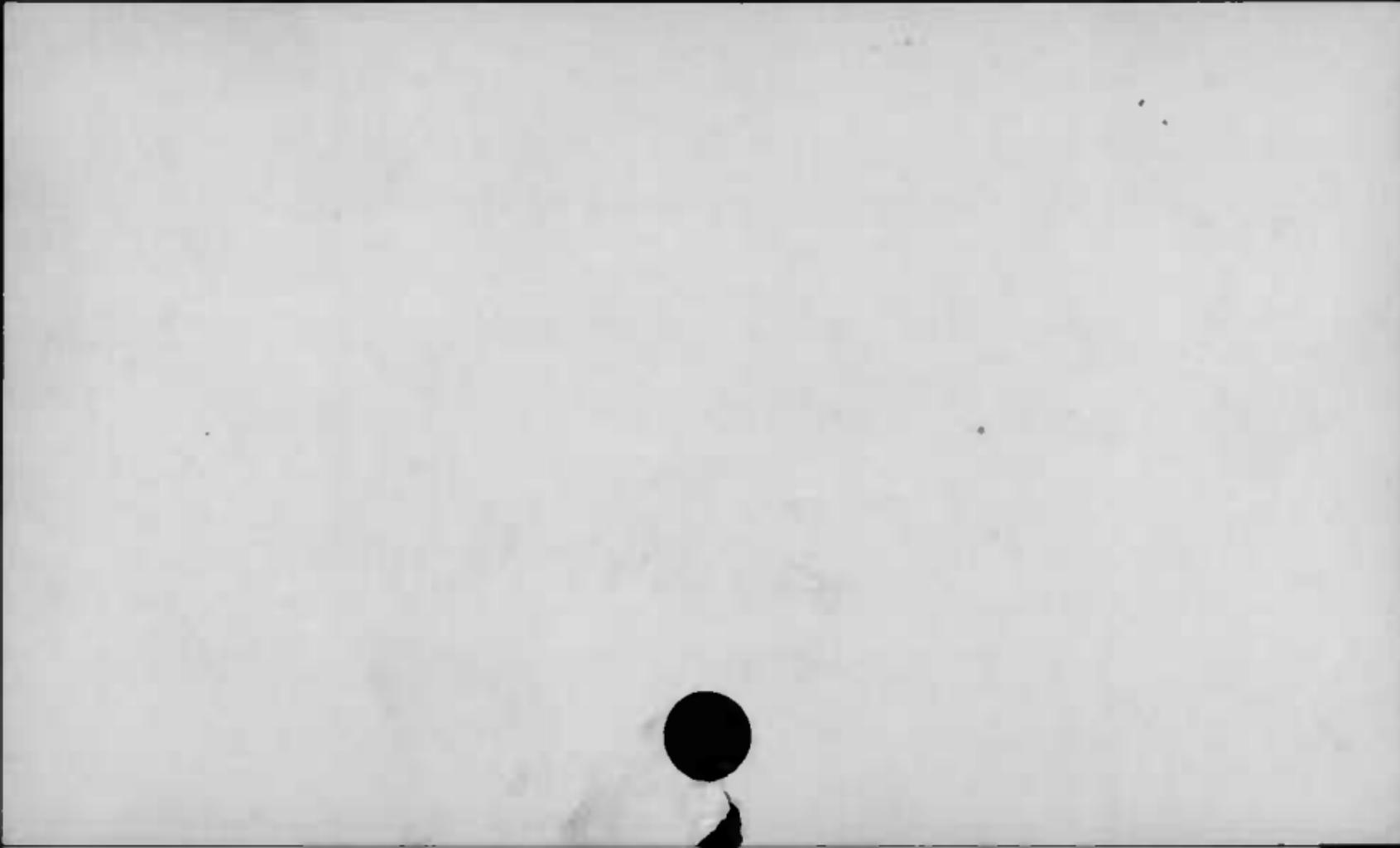
Cause of Death Primary Dysentery How long sick 4 weeks & 4 days

Immediate Asthenia 14 Accident, Suicide, Homicide

Reported by Chas. Ferguson, M.D.

Address Olivey  Maryl. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harriett Lyddane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Rockville		Town	County	
Date of death 1902	Month August	Day 30 th	Years 86	Months 9
Sex Female	Color or Race White	Days		
Married, Single Widowed	Occupation Housewife			
Name of Husband Edward Lyddane	Father's Name Lloyd Chapman	Father's Birthplace Montgomery, Col		
Mother's Maiden Name Hughes	Mother's Birthplace "			
Name of person giving information Son	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age

How long

Five weeks

Immediate

Hysteria

14

How long

Are the name, age, sex, color, date and place correctly given above?

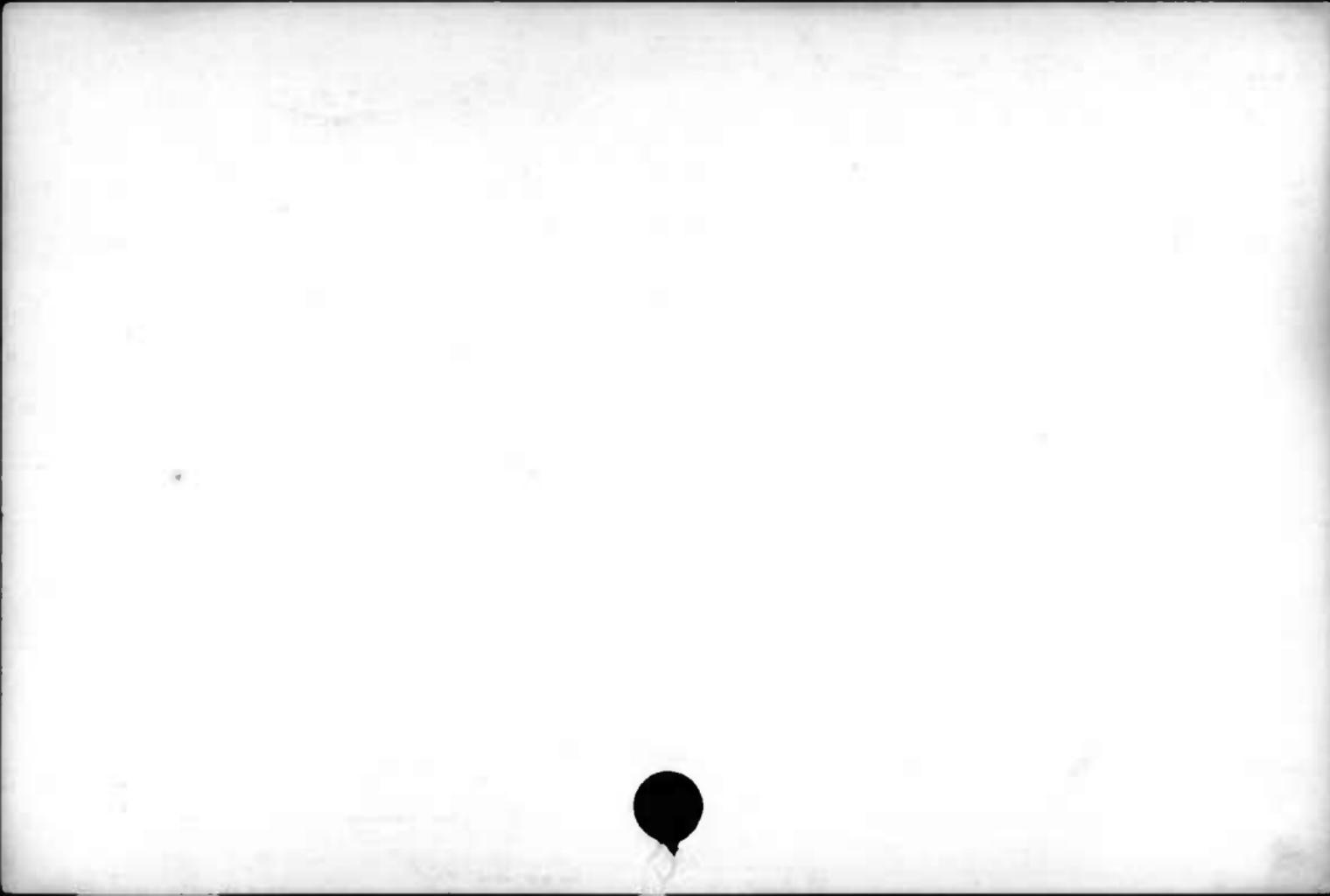
Signature of Physician

Address

88 Stonestreet

Rockville, Md.

Answered and signed?



Name
in
Full

Lizzie M. McIntosh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Crofton	Montgomery		
Date of death 1902	Month Aug	Day 4 th	Years —
Sex Female	Color or Race White	Age —	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	John McIntosh		
Mother's Maiden Name	Cora Cummings		
Name of person giving Information			
Father's Birthplace			
Mother's Birthplace			
How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

105

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

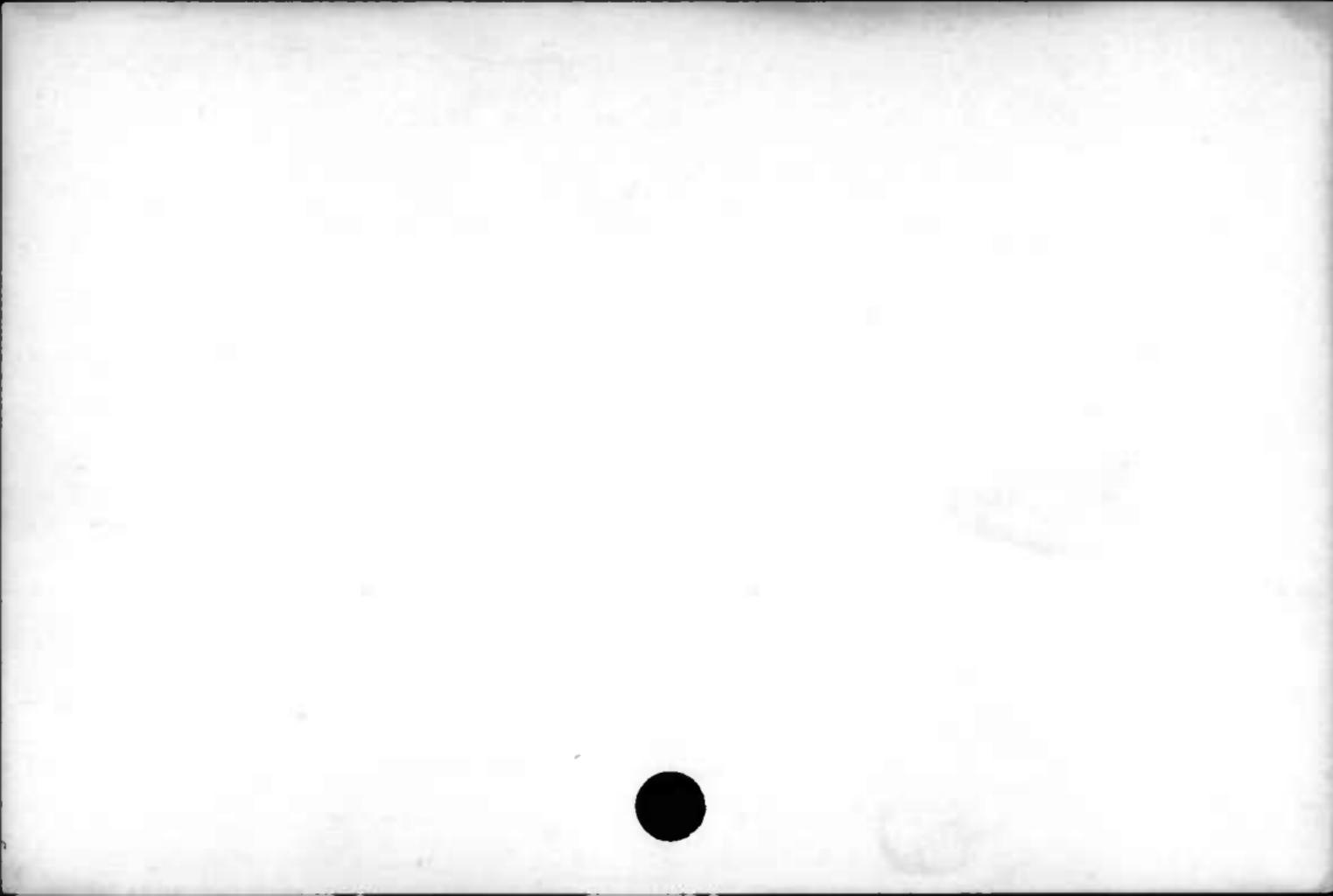
Address

H. J. Pratt,

Potomac

Md.

Accident or Suicide?



Edward Mathews

Town

County

MARYLAND

Died at

Spencerville

Month

Day

Y.

M.

D.

Native of

Date 1902

*Aug 15**32**Md*

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name*wm Mathews*Mother's
Maiden Name*Bertha Johnson*

Cause of

Primary

Inflammation of Bowels

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

*J. R. Bateman**100*

Address

Spencerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lloyd Emerson Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Rockville	Town	County	MARYLAND	
Date of death 1902	Sept	Month	Day	Years	Months Days
Sex	Male	Color or Race	White	Birth-place	Rockville Md
Married Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name	Warren S Poole	Father's Birthplace	Montgomery		
Mother's Maiden Name	Ella D Orme	Mother's Birthplace	Montgomery		
Name of person giving information	Sister	How related to deceased	Tister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Parris Gasen Poisoning

How long

Two days

Immediate

Bonvulsions

How long

Are the name, age, sex, color, date and place correctly given above?

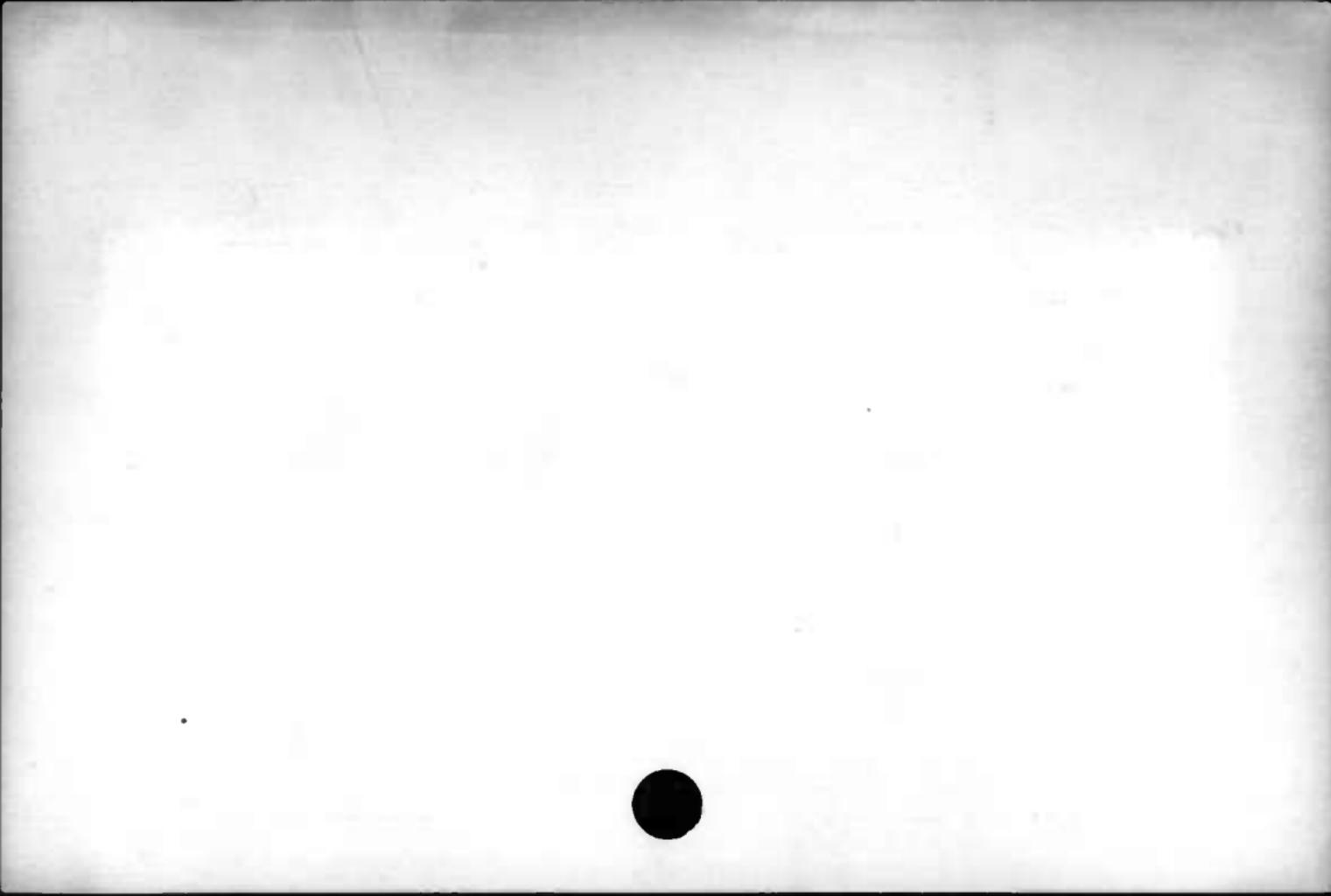
Signature of Physician

Address

8 E Street

Rockville Md

Accident or Suicide?



Wm Thomas Riggs

Town

County

MARYLAND

Died at

Laytonsville

Montgomery

Month

Day

Y.

M.

D.

Native of

Maryland

Occupation

Labourer

Date 19

02 August 24

Age 35-

Male

White

Married

Widow

Female

Colored

Single

Divorced

Widower

Number of children living Two Sons

Husband of

Maria Stanton

Wife

Samuel Riggs

Mother's

Father's

Maiden Name

Mary A Fisher

Name

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Basie B Goyford M D

Address

Laytonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Fannie Oakley Roome

Town

County

Kensington

Montgomery

MARYLAND

Died at

Kensington

M.

D.

Native of

Occupation

Date 1891

Month Aug.

Day 31

89-9-6

N.Y.

Year

Mate

Age

Married

Widow

Female

White

Single

Divorced

Calored

Sing

Widower

Number of children living

3.

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

General debility

How long sick

one week

Death

Immediate

Acute pleurisy

Accident, Suicide, Homicide

Reported by

Edward Roome

Address

154



Kensington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



W.R. Russell

Town

County

MARYLAND

Died at

Kensington

Montgomery

Date 1912

Month Aug

Day 14

Y.

M.

D.

Native of

Occupation

Male

White

Age 60. 2. 9

D.

Native of

Occupation

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

2

Female

Ella M. Russell

Father's

Mother's

Name

Name

Cause of

Primary

Valvular disease of Heart

How long sick

8 mos

Death

Immediate

Dropsey

Accident, Suicide, Homicide

Reported by

W.L. Lewis M.D.

Address

Kensington



Lillie A. Schulte

Town

County

MARYLAND

Died at	Spencerville	Montgomery	
Date 19	Month Aug	Day 29	Y. M. D.
02	Year 19	Age 33	6
Male	White	Married	Widow
Female	Colored	Single	Widower
		Native of MD	
		Occupation	

Husband of Lillus Schulte
Wife

Father's Name Malon Povle Mother's Name Anna Brown
Maiden Name

Cause of Death	Primary: Typhoid fever	How long sick 3 week
Death	Immediate	Accident, Suicida, Homicide

Reported by J. R. Batton

Address Spencerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Henry Shalkeen

CERTIFICATE OF DEATH

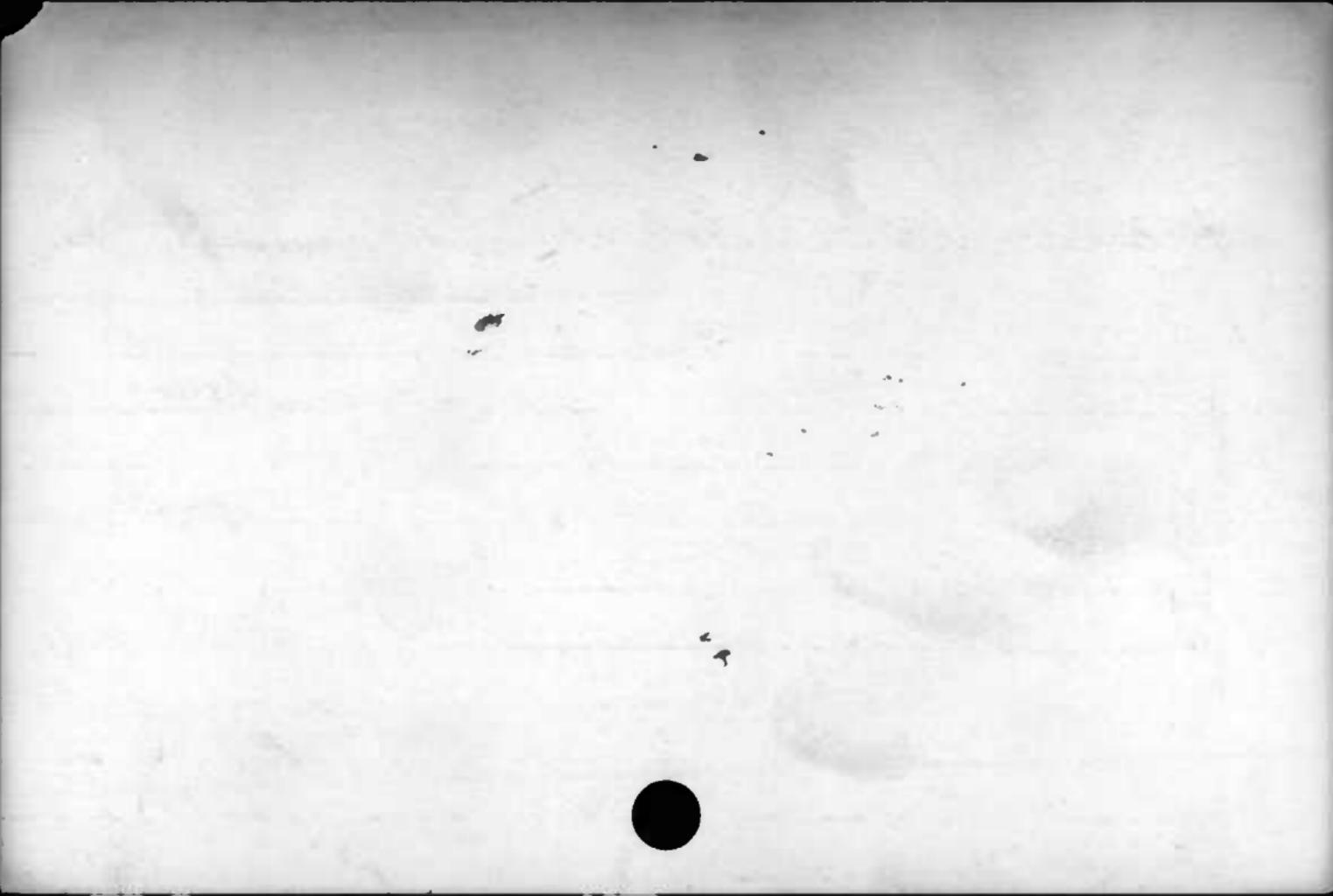
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Year	Months	Days	
Sex	Color or Race	Age	62	0	0	
Married, Single or Widowed	Occupation		W.d.			
Name of Wife or Husband	Single Laborer					
Father's Name	David Shalkeen		Father's Birthplace	Md.		
Mother's Maiden Name	Maria Thrift		Mother's Birthplace	'		
Name of person giving Information	David Shalkeen		How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	q3	How long	About 3 weeks
Immediate	Aphyxia		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. T. Brown, M.D.	
		Address	Burton Mills	
Accident or Suicide?			Md.	



Ollie Thorne

Town

County

Died

~~near Olney~~~~Montgomery~~

MARYLAND

Date 1802 8 17

Month Y. M. D.

Native of

Occupation

Male

White

Age - 1

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

X

X

Wife
Father's
Name

Not known

Mother's
Name

Hale Thorne

Cause of

Primary

Pertussis

How long sick

about one week

Death

Immediate

Asthma

8

Accident, Suicide, Homicide

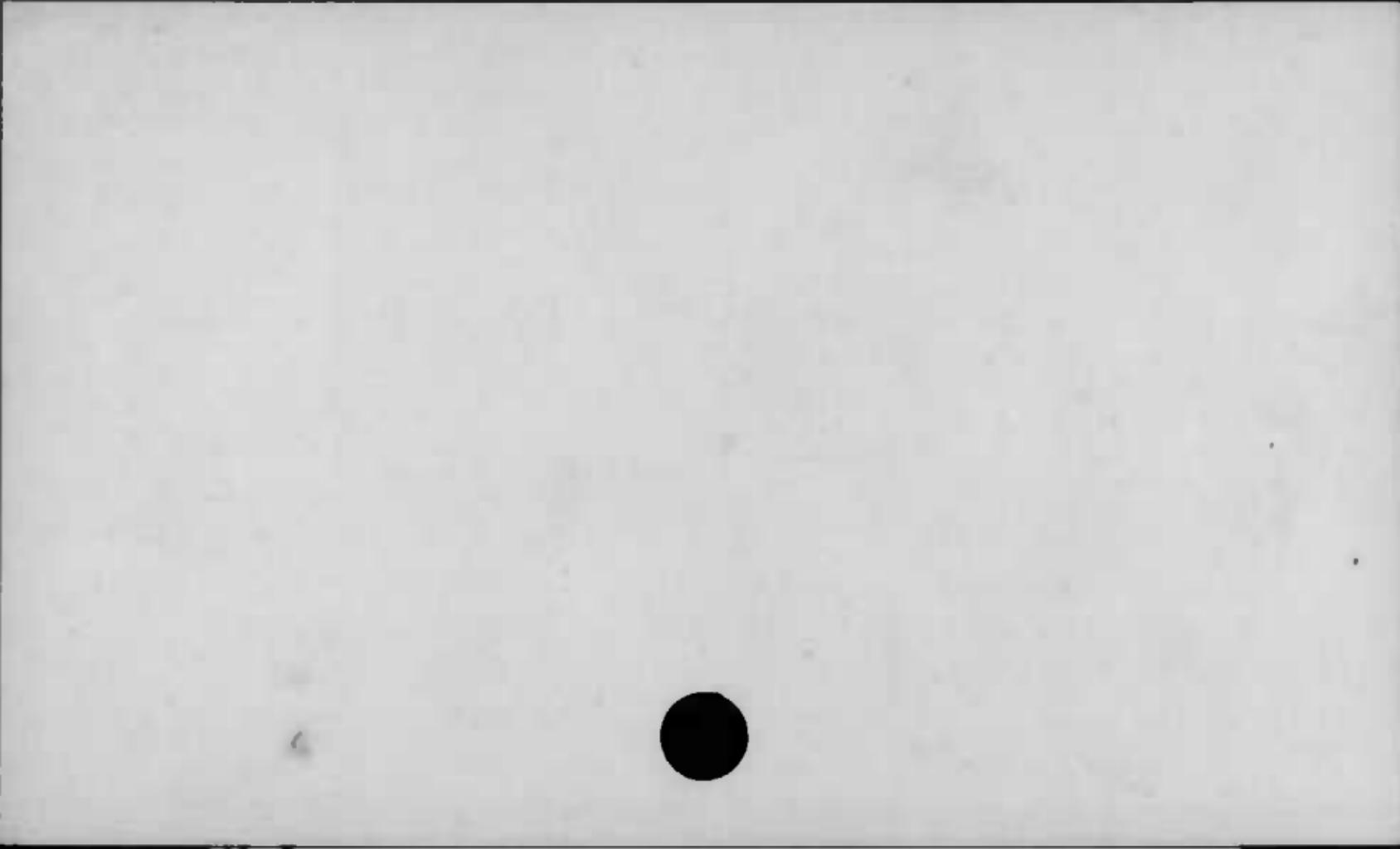
Reported by

Clae. Parquhar, M.D.

Address

Olney [redacted] Montg. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Agnes Maude Warner

Town County
Died near Rockville, Montgomery Co., MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
-------	-----	----	----	----	-----------	------------

Date 1892 Aug 6 Age 21

Husband _____
Wife _____

Father's

Name Jacob Silas Warner

Mother's

Name Rose Warner

Cause of Primary Typhoid Fever

How long sick

9 days

Death Immediate

Accident, Suicide, Homicide

Reported by

*Mr. Andrews, M.D.
Rockville.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

